

C.2

CANADIANA
MAY 15 1992

HEALTH VISION

TURNING IDEAS INTO REALITY
APRIL 1992 • VOLUME 1 • ISSUE 1

A MESSAGE FROM

The Minister of Health

I am pleased to provide you with an update on the important Role Statement Process underway in this province, and to outline my expectations as we proceed in the future. As Minister of Health, I believe that the Role Statement Process is the most effective means to further develop and implement the fundamental changes needed in our health system.

Our response, as a government, to the Rainbow Report identified the requirement to develop a more effective health delivery system, by relying heavily on the development of local solutions. The Role Statement Process shifts the debate from a focus on boundaries and governing structures — to a search for cooperative initiatives to address the future health status of Albertans.

As Minister of Health, I am committed to a process of change that is collaborative, locally driven, and focused on the achievement of health goals. Clearly the fragmentation and independent planning among different health sectors is no longer appropriate. The health system in this province, as elsewhere in Canada, must face the fiscal reality



▲ Health Minister Nancy Betkowski

of the 1990's which challenges us to use our resources more efficiently and effectively. Our approach in meeting these challenges is unique in Canada because of its major emphasis on local involvement and collaboration.

Since it is evident that government cannot solve these issues by itself, I am pleased to hear of the initiative that the major health associations are undertaking to facilitate the Role Statement Process. They have proposed convening a provincial forum in the early spring, involving their association board members and other appropriate representatives.

This historic event will strengthen our vision of Alberta's future health system, identify opportunities for greater collaboration and will assist local Role Statement development.

I welcome this initiative, and would offer my participation as well as that of my senior officials. I am pleased to note that activities are now underway in the acute care, health unit, long term care facility and mental health sectors that will culminate in the development of Role

See MINISTER page 2 ►

HEALTH VISION

HealthVision is a newsletter developed to inform you about the progress of the Role Statement Process within Alberta Health.

A Role Statement is a description of what an organization is funded for, what it is expected to do, and what it will be held accountable for.

For more information please contact the representatives noted at the end of each sector update or:

**Public Communications Branch
Alberta Health, 427-7164**

Alberta
HEALTH

MINISTER'S MESSAGE

Statements. While I recognize that change requires time, it is important to establish a framework within which we can cooperatively develop options.

Provincial committees with widespread representation will guide the Process in each sector. This will ensure that a variety of perspectives among service provider organizations and professional groups across the province are recognized. A provincial multi-sector committee has been established to deal with provincial policy and coordination issues. My department staff have also initiated a consultation forum with health associations to provide yet another avenue for advice.

I am encouraged by the recent collaborative initiatives such as the Health Unit/Health Facility Partnership program, establishment of the nine Regional Mental Health Planning Committees, Single Point of Entry for long term care, the formation of planning councils in Edmonton and Highwood/Littlebow, and many new shared service arrangements, as well as those currently under discussion. I expect that we will see further progress from these initiatives in the coming year.

My expectation, as Minister, is that we will have significant results from the Role Statement Process for implementation no later than the 1994/95 fiscal year. I am asking that:

- by October 1992 — active discussions among the program sectors

to be initiated at the local level;

- by February 1993 — proposed changes from each area are to be communicated to Alberta Health;
- by June 1993 — Role Statement discussions to be concluded; and
- by 1994/95 — initial restructuring from proposals to be implemented, including budgetary adjustments.

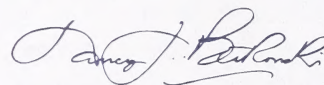
Timely and open communication among all of us will be very important throughout this process.

This special newsletter has been

developed to provide a regular update on emerging initiatives.

As Minister of Health, I ask for your continuing cooperation in approaching this complex challenge - with openness, mutual respect and creativity. This may well be the most important task that any of us face in ensuring the sustainability of the highest quality health services for all Albertans.

Sincerely,



Health Unit Sector

The Health Unit Accountability Project outlines the Role Statement Process for the Public Health Sector. It was initiated by Alberta Health and the Health Unit Association of Alberta (H.U.A.A.) in the summer of 1991. The purpose of the project is to clarify and enhance the accountability relationship between the Minister of Health and Health Unit Boards and between the staff of Health Units and Alberta Health. Once completed, the project will describe a vision of how health units will contribute to the future health system both as unique players and in partnerships with other sectors.

The original working group has recently expanded to include the Mental Health, Long Term Care Facilities and Acute Care Hospital Role Statement Working Commit-

tees.

Organizations and associations involved in the delivery of health unit programs and services will continue to play a major role in this exercise through visioning workshops, issue-focus groups and Role Statement involvement at a community level.

Each health unit Role Statement will be a comprehensive, future-oriented description of the role that each health unit plays in their community. The Statement will include: a statement of purpose (mission statement); beliefs that guide health unit operation (values and principles); the legislation that gives authority; the geographical territory covered; the inventory of programs and services provided through the health unit; and the management functions of running a health unit. ►



HEALTH UNITS

In the spring of 1992, health units will seek consensus on this common framework and direction for health unit Role Statements. A discussion paper will be released in late spring to serve as a springboard for joint discussions with other sectors and to support the development of individual health unit Role Statements in the fall of 1992.

The Health Unit Accountability Task Group welcomes any ideas or inquiries related to this project. We meet monthly and would be pleased to hear your concerns or comments.

For more information please contact **Kathy Trepanier** at 427-6466.

HEALTH UNIT ACCOUNTABILITY TASK GROUP

Steve Petz, Alberta Health (Chairman)
Roelof Heinen,
Health Unit Association of Alberta
(Barons-Eureka-Warner)
Dr. Brent Friesen,
Health Unit Association of Alberta
(Calgary)
Edna Allwright, Health Unit
Association of Alberta (Red Deer)

Georgeann Hancock,
Health Unit Association of Alberta
(Minburn - Vermilion)
Pearl Morrison, Alberta Health
Lois Borden, Alberta Health
Trevor Hodge, Alberta Health
Ray Lafleur, Alberta Health
Kathy Trepanier, Alberta Health
Jon Pascoe, Alberta Health
Dr. Brian Forbes, Edmonton Region
Mental Health Division
Phil Gaudet, Good Samaritan
Society
Monica O'Gorman, William J.
Cadzow Hospital, Lac La Biche ■

Acute Care Hospitals Sector

The Hospital Role Statement Process is one component of the Acute Care Funding Plan. This Plan was initiated by Alberta Health in December 1988 in response to funding reports and studies which consistently observed that the existing hospital funding system needed change to promote fairness and equity.

Working Committees, with members from various disciplines representing hospitals and government, have been established to address funding aspects related to inpatient services adjusted for severity of illness, out-patient (ambulatory) services, facility support (fixed/variable costs), hospital role statements, technical concerns, and rural hospital issues.

The Hospital Role Statement

Working Committee, formed in December 1989, initially spent a considerable amount of time drafting a Role Statement document that was distributed to all acute care hospitals in January 1991. An inventory of programs and services offered by acute care hospitals has been developed.

Role statements have now been shared between hospitals, to identify gaps in service and areas of duplication, and with other providers to improve cooperation between hospitals and other agencies in providing health services to Albertans.

They are also being used to develop short-term goals and long-term hospital system objectives.

In the future, acute care hospitals will be funded on the basis of their

approved role — the programs and services for which they will be accountable to Alberta Health. The hospital Role Statement will reflect the hospital's in-patient, ambulatory care, educational, and research components; with recognition for "facility support" costs and shared services. The Role Statement will also detail the level of complexity and volumes for programs and services.

The Hospital Role Statement Committee welcomes comments, particularly on how hospitals can relate more effectively to the long-term care facility, health unit and mental health sectors. Meetings are scheduled for April and May.

For more information, please contact Frank Langer at 427-6080 or Jon Pascoe at 427-7164.

See ACUTE page 8 ►

Role Statement P

MENTAL HEALTH		LONG TERM CARE FACILITIES
January 1992	Confirm approach, process and outcomes for strategic planning process.	Collect and verify data. Confirm or develop admission criteria. Examine interface issues with other health care sectors. Develop basic long term care facility Role Statement and principles for special program development — interface issues.
June 1992	Working groups will report to advisory committee, will address service delivery models, organizational issues and roles. Activities will include developing a service inventory and service profile.	Distribute draft discussion papers. Regional and facility specific Role Statements.
October 1992	Formal discussions initiated between sectors.	Same
December 1992	Development of draft Role Statements for mental health clinics and community agencies.	Same
February 1993	Proposals for change from all health sectors submitted to Alberta Health for budget planning. Formal negotiation on roles begins with Alberta Health. Preliminary recommendations regarding organization and mandate within the sector.	Departmental review of funding based on Role Statements. Same
June 1993	Recommendations regarding mental health organization and mandate (clarification of role and mandate of mental health division within this system). Action on decisions finalized from budget. Continued use of Role Statements in sharing and effecting change in the health system.	Same

Project Time Lines

ACUTE CARE HOSPITALS	HEALTH UNITS
Program and Services Inventories — completed (June/91). Exchange of Program and Service Inventories and Preliminary Discussion completed (Dec/91). Negotiation between hospitals has begun.	Confirm Role Statement framework and validate elements. Produce/summarize Role Statement progress and highlight initial visioning work on the role of health units within the health system. Draft inventory of programs and services.
Negotiations between hospitals continue.	Health units will initiate individual Role Statements, in context of local community dialogue with other sectors. Multi-sector, issue- focused sessions will occur between health units and other sectors.
Same	Same
Discussions between hospitals and other sectors continue.	Status report on health unit Role Statements. Proposals for change developed in partnership with other sectors.
Same	Same
Same	Same
Same	Same

Long Term Care Facilities Sector

During the 1980's, integration and a coordinated continuum of care emerged from public consultations as the two main planning themes for facility based long term care. One of the main objectives of integrating nursing homes and auxiliary hospitals, was the removal of inequities in funding and client benefits. Emphasis on the development of a continuum of services for long term care clients is important in order to address the special needs of older and disabled persons in Alberta.

Two committees were formed during the late 1980's to provide ongoing advice and consultation from stakeholders in long term care.

The Long Term Care Liaison Committee included membership from the Seniors Advisory Council for Alberta, the Health Unit Association of Alberta, Home Care/Community Long Term Care, Mental Health, Acute Care, and stakeholders in facility-based long term care.

The Integration Committee was formed to provide advice on issues related to long term care facility funding and integration. This committee developed a proposal for a project to define the mandate, boundaries, and framework for facility based long term care. This led the way to the development of a Role Statement Working Group.

The Role Statement Working Group acknowledged the need for consultation and collaboration with stakeholders in mental health, health

units, and the acute care sector before long term care facility-specific Role Statements could be concluded.

The development of a Role Statement for the basic program in all long term care facilities will help ensure more accessible and equitable facility-based long term care throughout Alberta.

Adoption of principles and a framework for the development of special long term care programs will permit flexibility and responsiveness to long term care clients with special needs, and to the needs of emerging populations. The Working Group agreed that a Role Statement for the basic program and principles for special program development were needed as groundwork before facility specific Role Statements and regional discussions could proceed.

For more information, please contact Donna Smith or Corinne Schalm at 427-7128.

LONG TERM CARE FACILITY ROLE STATEMENT WORKING GROUP

Vivien Lai,
Alberta Health (Chair)
Sheila Weatherill,
Capital Care Group (Edmonton)
Paul Rushforth,
Carewest (Calgary)
Lorence Myggland,
High River Hospital & Nursing Home

Susan Cullen,
Extendicare Health Services Inc.
Darlene Kadonaga,
Wetaskiwin General Hospital
Phil Gaudet,
Good Samaritan Society (Edmonton)
Ken Fox,
Queen Elizabeth II Hospital
(Grande Prairie)
Colleen Tiedemann,
Central Assessment and Placement
Services (Edmonton)
Lynne Mansell,
Southern Alberta Regional
Geriatric Centre
(**Gordon Kerr** - Alternate)
Marianne McLennan,
Glenrose Rehabilitation Hospital
Sharon Fossen,
Alberta Hospital Ponoka
Susan Paul,
Alberta Association of
Registered Nurses
Dr. Gerald Zetter,
Alberta Medical Association
Michael Higgins,
Alberta Healthcare Association
Rich Bayly,
Alberta Long Term Care Association
Sharon Tell,
Home Care, Leduc-Strathcona
Health Unit
Dr. Richard Cherry,
Seniors Advisory Council for Alberta
Eric Boyd,
Premier's Council on the Disabled
Kevin Girvan, Alberta Health
Jon Pascoe, Alberta Health
Donna Smith, Alberta Health
Corinne Schalm, Alberta Health ■

Mental Health Sector

Role statements for mental health services are being developed as part of a comprehensive strategic planning exercise for the mental health system. Mental health services are provided across the health sectors. A broad approach is required to define the mental health service delivery system and describe the roles and responsibilities of service delivery stakeholders. The final objective is to define the role of the Mental Health Division within this larger system.

An advisory committee with stakeholder representation has been established to oversee this planning process.

The committee is responsible for:

- Developing a provincial strategic plan that will guide the development of mental health services in Alberta into the next century;
- ensuring that the provincial strategic plan assists regional planning activities;
- fostering collaboration and innovation among partners in Alberta's mental health system; and
- clarifying the mandate of the Mental Health Division within the system.

The committee will undertake the following tasks to fulfil these responsibilities:

- Describing the preferred future mental health system;
- identifying issues and developing specific goals and strategies to

address these issues;

- assessing organizational approaches to mental health service delivery;
- elaborating service delivery models, and;
- describing a process to develop specific role statements for mental health service provided directly or indirectly through the Mental Health Division.

This will enable the Role Statement Process to be undertaken within the context of future requirements. The recently approved **Future Directions for Mental Health Services in Alberta** provides the broad policy framework to shape the committee's activities.

Communication regarding Role Statement activity in the other sectors is maintained through cross-representation on sector Role Statement committees and the multi-sectoral committee. Links with other government initiatives will occur through the Interdepartmental Committee on Mental Health Issues. Consultation and collaboration is the key to the success of this initiative. Working groups with service provider and consumer representation are being established to address each task. Consultation with agencies and organizations across the province will occur at key stages prior to the committee's final review of work. A newsletter will keep all stakeholders informed throughout the planning process.

Initial meetings have confirmed the approach and outcomes for the strategic planning exercise. The committee will now begin to describe the mental health system and its component parts and thereby lay the foundation for Role Statements for mental health sector service providers. Working groups will be established to address specific tasks such as describing service delivery models.

The actual Role Statement Process will commence in the latter part of 1992, with mental health service providers initiating discussions with other health providers in their regions.

For more information, please contact **Betty Jeffers** at 427-2816.

MENTAL HEALTH ADVISORY COMMITTEE

Denis Ostercamp, Alberta Health
Dr. Bob Robinson,
Calgary Regional Mental Health
Planning Committee
Rita Thompson,
Central Regional Mental Health
Planning Committee
Louise Belanger,
Fort McMurray Regional Mental
Health Planning Committee
Jacqueline Gaboury,
Grande Prairie Regional Mental
Health Planning Committee

MENTAL HEALTH

Beth Lievaart,
Lethbridge Regional Mental Health
Planning Committee

Dr. S. Nandy,
Medicine Hat Regional Mental Health
Planning Committee

Hildegard Campsall,
Peace River Regional Mental Health
Planning Committee

Margaret Porozni,
St. Paul Regional Mental Health
Planning Committee

Irene McDermott,
Edmonton Regional Mental Health
Planning Committee

Adri Webb,
Alberta Long Term Care Association

Diana Law,
Alberta Healthcare Association

Gladys Procyshen,
Health Unit Association of Alberta

Mary Oordt,
Provincial Advisory Committee on
Mental Health Issues

Ron LaJeunesse,
Canadian Mental Health Association

Leona King,
Schizophrenia Society of Alberta

Betty Jeffers, Alberta Health

Dr. Alan Gordon,
Alberta Health

Jon Pascoe, Alberta Health

Kevin Girvan,
Alberta Health

Steve Petz, Alberta Health
Division Resource Persons:

Henry Borowski,
Brian Forbes ■

ACUTE CARE HOSPITALS, from page 3

HOSPITAL ROLE STATEMENT WORKING COMMITTEE

Frank Langer, (Chairman), Alberta Health

Monica O'Gorman, William J.
Cadzow Hospital, Lac La Biche

Susan Green, Alberta Cancer Board

Ken Fox, Queen Elizabeth II
Hospital, Grande Prairie

Dr. Garner King, University of
Alberta Hospitals

Dr. Nick Bayliss, Medical Officer of
Health, Leduc-Strathcona Health Unit

Nandini Kuehn, Alberta Health

Dr. Alan Gordon, Alberta Health

Jon Pascoe, Alberta Health

Lois Borden, Alberta Health

Mary Pat Skene, Alberta Association
of Registered Nurses

John King, Foothills Hospital, Calgary

Michael Higgins, Alberta Healthcare
Association

Replacement To Be Appointed,
Alberta Medical Association

Dr. Ronald Bennett, College of
Physicians and Surgeons

Gordon Kerr, Council of Teaching
Hospitals Alberta

Cecilie Lord, Alberta Health

Sheila Weatherill, Capital Care Group ■

GOALS FOR A HEALTHY ALBERTA

Concurrent with the Role Statement Process, Alberta Health is coordinating the Development of Health Goals and Objectives for Alberta. This important initiative will serve to identify our health priorities, and allows us to measure change in the health status of our population and foster informed decisions in regard to policies, programs, services and resource allocation.

A number of Albertans have already been involved in laying the groundwork for this project. Community workshops to discuss Health Goals and Objectives for Alberta will be held at the following locations:

CITY	LOCATION	MEETING DATE
Calgary	S.A.I.T.	March 25, 1992
Lethbridge	University of Lethbridge	March 27, 1992
Peace River	Catholic Conference Centre	March 31, 1992
Red Deer	Black Knight Inn	April 2, 1992

These workshops will be of particular interest to health professionals and administrators, social service and community development workers, and members of the public, business and labour communities interested in the health system.

FOR MORE INFORMATION CONTACT:

Michael Reynolds
Project Manager

Health Goals and Objectives for Alberta
Alberta Health 427-0407 (Edmonton)

